

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/534266

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13	1					
14	1					
15	1					
16	1					
17	1					
18		1				
19		2				
20		2				
21		2				
22	1					
23		1				
24		1				
25		1				
26	1					
27		1				
28		1				
29	1					
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31	1					
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48						
49						
50						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	28	←		←		←
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						